THE

MEDICAL AND SURGICAL REPORTER.

No. 503.] PHILADELPHIA, OCTOBER 20, 1866. [VOL. XV.—No. 16.

ORIGINAL DEPARTMENT.

Communications.

VESICO-VAGINAL FISTULA:
Its History and Treatment.

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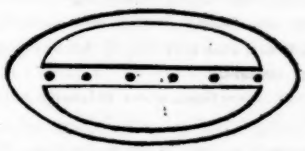
(Continued from page 313.)

Report of Cases of Vesico-Vaginal Fistula Successfully Treated, and which have furnished the basis of the previous papers.

Case 1. F. H. was admitted into the Philadelphia Hospital, Blockley, suffering from a vesico-vaginal fistula. The following account of the accident was obtained from the patient: In January, 1858, she gave birth to a child. Her labor was exceedingly difficult and prolonged, to aid which ergot was freely administered by her medical attendant. After delivery, for several days she was unable to pass urine; which, continuing to accumulate, and not being relieved by instrumental interference, she suddenly felt a large gush of water escaping from the vagina, since which time the urine continued to flow by this route. In May, 1858, her physician performed an operation for her relief. This failing, a second was tried, two or three weeks subsequently, with a similar result. The operation adopted was, I presume, that of Dr. SIMS, with the addition of the BOZEMAN button, as she described the employment of silver wires, and a lead plate. Since the accident, she informs me she has not menstruated; but alleges, that when the period comes round, a very copious flow of urine takes place, and continues for two or three days. I was invited to see her, July 1st, 1859, by Dr. R. K. SMITH, Chief Resident Physician; and in company with himself, and Dr. ELWOOD WILSON, made an examination. An extensive transverse rent was discovered, extending from one side of the vagina to the other, and situated at the bas fond of the bladder. Through this protruded a considerable mass of the mucous membrane of the bladder. At the request of Dr. SMITH, and her own earnest entreaty, I consented to attempt her relief by an operation.

On the 23d of August it was performed in the presence of Drs. SMITH, WILSON, LEVIS, MCCLELLAN, DARBY, NICHOLS, and the internes of the house, the bowels having the day previous been well emptied. The steps of the operation consisted in placing the patient under the influence of ether, turning her over, supported on the arms and knees, and exposing the fistula by inserting rectangular or lever speculæ along the walls of the vagina, which enabled the assistants to draw the parts well asunder. The edge of the fistula was next seized with a pair of long rat-toothed forceps, and well pared by means of a long-handled straight bistoury. As soon as the bleeding ceased, nine stitches of silver thread were inserted, the needles being guided by the needle-holder of Mr. GEMRIG, (see Fig. 46, page 273.) The wires being brought out of the vagina, the opening was drawn together by passing the two ends of each through an adjustor, which was slid down to the wound, while the threads were firmly maintained between the fingers. Not being altogether satisfied with the principle of the BOZEMAN button, as it prevented the operator seeing the approximation, I had a fenestrated one constructed out of lead (Fig. 60.) Through the perforations in its centre-bar the wires were next passed,

FIG. 60.



the button run down over the line of adjustment, and there maintained by passing the ends of each suture through a perforated shot, which, being slipped down in contact with the button, was there secured by compressing it between the blades of a strong pair of forceps. The wires were next collected together, brought out of the vagina, and wrapped with adhesive plaster to prevent excoriation; and finally, the patient placed in bed, on her side, a catheter (SIMS') was introduced into the bladder, and the urine

received on cloths placed beneath the end of the instrument. Half a grain of opium was directed to be given twice daily, and the diet to consist chiefly of arrow-root and cream. The catheter was to be closely watched that it should not become obstructed, to obviate which, it was to be removed once or twice a day, and cleansed. No constitutional disturbance occurred, nor was there any local soreness experienced. On Wednesday afternoon, September 1st, being ten days after the operation, I proceeded to remove the button and sutures, when the union was found to be complete. As a precautionary measure the catheter was directed to be worn eight days longer. On the twelfth day her bowels were opened, and again locked up for five or six days. Ten days after the removal of the ligatures she was allowed to rise from her bed and walk about.

Case 2. A. M., an Irishwoman, about thirty years of age, during a severe labor with a first child, ruptured her uterus, the child escaping into the abdomen. The fœtal head had not passed below the superior strait of the pelvis, the diameters of which were contracted. The case being under the care of the medical officers of the Nurses' Home, Dr. E. Wilson was immediately summoned to her aid by the attending physician, Dr. Scholfield. The propriety of the *abdominal section* admitted of no question. The operation was accordingly performed by Dr. Wm. Byrd Page, the child removed through the parieties of the abdomen, and the life of the mother preserved. Sometime afterward it was discovered the rent in the uterine walls had extended through the cervix and involved the vagino-vesical septum, giving rise to a fistula. After the restoration of the woman's general health, she was placed in St. Joseph's Hospital, and at considerable intervals three unsuccessful attempts were made to close up the orifice, which was situated near the cervix uteri, and running in an oblique direction, about three-quarters of an inch in extent. Two of these operations were skilfully performed by the Bozeman method, employing as a retentive mechanism a lead plate or button. The patient was afterward placed in the Philadelphia Hospital, under my charge, where, after some preliminary treatment to improve her general condition, she was operated on by my usual method, seven silver sutures being required to close it properly. On the eighth day the stitches were taken out, and the wound found to be only about one-half closed. On carefully examining the parts, and reflecting over the former failure, I thought I discovered the true source of difficulty, which subsequent events confirmed. The proximity of the fistula to the cervix uteri, the latter organ being somewhat retroverted, prevented an accurate adjustment; indeed the os was turned into the fistulous opening, and pressed toward the bladder. Profiting by this observation, at the second operation, undertaken nine weeks subsequently, I determined to turn the os into the opening permanently. With this end in view, the inferior semi-circumference of the fistula was well pared. Next the posterior half of the cervix uteri, after which eight silver sutures were introduced, and secured by the shot, the ends of the wire being cut off close to the latter. The os uteri was by this method turned into the bladder. Nothing worthy of note transpired during the subsequent progress of the case. On the eighth day following the operation the parts were examined with a view to remove the ligatures, which were found in such excellent position, without any surrounding irritation, that, at the suggestion of Dr. E. Wilson, who rendered me valuable service in both operations, I was induced to allow them to remain for two days longer. On the tenth day they were clipped out, and to our great satisfaction the fistula closed. Since that time this woman has menstruated regularly through the bladder; enjoyed comfortable health; been able to support herself as servant to a private family, and certainly rid of a most distressing and disgusting malady. Two years after I operated on this same patient for strangulated umbilical hernia, from which she recovered without any unusual symptoms. It is not often we meet with an example of so many grave accidents, operations, and good recoveries, in one person, as are presented in the narrative of this poor, friendless Irish-woman.

Case 3. Catherine ——, a young woman aged 19 years, was seized with labor-pains, September, 1858, at the Philadelphia Hospital. In consequence of the great size of the fœtal head, it became completely impacted in the pelvic cavity. After ineffectual efforts to deliver with the forceps, the operation of craniotomy was resorted to by Dr. R. K. Smith, Chief Resident Physician, and the child readily removed. In consequence, however, of the prolonged pressure sustained by the anterior wall of the vagina, a slough in a few days separated, opening a communication between that cavity and the bladder, through which the urine flowed. An examination, some weeks after, showed not only the existence of this fistula, but the canal of the urethra closed by inflammatory deposit. A trocar was at once carried through the obstructing material into the bladder, followed by a catheter, which was re-

tained for eight days, only being removed for the purpose of cleansing. In this manner the urethra was restored.

On the 16th of December following, the parts having become sufficiently callous, an operation was performed for her cure; her bowels being well opened the day previous, after which 1½ grains of opium were administered.

She was placed under the influence of a mixture of ether and chloroform, turned upon her abdomen, over a stool well protected, the limbs being supported by two assistants, and the parts exposed by a Sims' speculum. The fistula, which was transverse through the *trigone vesicæ*, and exceeding an inch in its greatest diameter, could now be well seen. The edges were seized with the long rat-toothed forceps, and with a long, straight, sharp-pointed bistoury, pared in their whole extent. Seven needles, slightly curved at their points, each armed with a silver thread, were carried successfully, by means of the needle holder figured in cut No. 46, through the edges of the wound, down to, but not into the vesical mucous membrane. These sutures being brought out of the vagina, were passed through the adjustor, in succession, and drawn upon as the latter was passed down, thus approximating the edges very completely. Perforated shot were next run down over the wires, and clamped by means of the compressor. The sutures were now twisted together, and passed through a small tube of rubber to protect the parts, and the catheter carried into the bladder, to which was attached a flexible piece of gum elastic tubing, designed to convey the urine into a bottle, properly placed between the limbs of the patient for its reception. The patient being placed in bed, an anodyne was administered; the whole time consumed, including etherization, did not exceed one hour. Everything progressed favorably until the third day, when, notwithstanding opium had been given to keep the bowels in a quiescent state, diarrhœa, attended with considerable straining, came on, but which was at length controlled by enemata of laudanum. To make the case more embarrassing, a cough, which she had been troubled with for some time previous to the operation, harassed her so much, notwithstanding the free administration of opium, as sometimes to drive the catheter out of the bladder.

On December the 27th, ten days after the opetion, the sutures were removed, and the wound found to have united, save at one single point, which was subsequently and permanently closed by a single stitch. The catheter was kept in the bladder a few days longer, in order not to endanger the cicatrix. This patient was watched with great care by Drs. Darby, Richardson, and Taylor.

Case 4. Mary H——, aged 25 years; unmarried, temperate, and a Philadelphian by birth, was received into the Philadelphia Hospital in September, 1858, pregnant. This was her second pregnancy. In her first labor, she states she was brought to bed on Monday morning, and delivered the following Thursday morning of a still-born child; the delivery being brought about, as she says, by the physician in attendance using "forcing powders."

On the 29th October, 1858, at 3½, A. M., labor commenced. At 6 o'clock, P. M., it was sufficiently advanced to establish the existence of a breech presentation in the first position. At 2, P. M., the fœtus was expelled as far as the umbilicus; the limbs being much discolored from long-continued pressure in the pelvic cavity. The delivery of the head was delayed by the chin leaving the breast, requiring finally the agency of the blunt hook to bring it down; the labor being completed at 5 o'clock, making from its commencement thirty-seven hours and a half. Alarming hemorrhage followed, which was arrested by the removal of the placenta, frictions over the hypogastrium, and ice. The child weighed 9½ pounds, and measured 22 inches in length. For twenty days the woman passed her urine naturally, and without pain or difficulty. On the twenty-first day it commenced to flow through the vagina; a slough having separated, and formed the fistula. Its situation was at the *trigonum vesicæ*, and about six lines in its greatest diameter.

On the 14th of February, 1859, the parts having attained the requisite healthy conditions, the operation for cure was executed. An aperient was given the day previous. The woman was placed under an anæsthetic of ether and chloroform, (three parts of the former to one of the latter, by weight,) turned over the padded stool on her abdomen, the hips being well elevated, and the fistula being exposed by introducing into the vagina the duck-bill speculum. The edges were next extensively denuded, and after the bleeding ceased, five silver sutures were inserted, and their ends brought out of the vagina, and the edges closed by the adjuster. Over each was passed a shot, and the stitch made secure by the compressor clamping it on the wires. The sutures were gathered together, and passed through a piece of elastic tubing; the woman placed in bed, and the catheter at once inserted into the bladder, over the end of which was slipped the

light gum-elastic tube, to convey the urine into a bottle properly placed in the bed. The bowels were controlled by opium, one-half grain, three times a day, for two days; after which, the one-third of a grain three times a day. The diet consisted of nutritious broths, with some farinaceous articles. Nothing unusual occurred; and on the eighth day the stitches were removed, and the cicatrization found to be complete. The bowels were gently open on the ninth day, and the catheter continued five days longer. On the sixteenth day she was allowed to sit up, and on the twentieth day permitted to exercise in the ward.

This case was reported in detail, by Dr. Darby, in whose care the patient was, Med. and Surg. Reporter, vol. 1, page 435.

[To be continued.]

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. Banning, M. D.,

Of New York.

(Continued from p. 293.)

Of the Second Indication in Uterine Displacements.

Having shown that visceral weight is either a primary or a culminating agent in uterine displacements, and that to remove this influence by correcting the trunkal bearings, is the first indication, we come next to consider the second indication in such cases.

Notwithstanding it has become a historical truth, that the mechanical combination above described will summarily and permanently relieve a large majority of the cases of uterine displacement, still there are cases in which it not only fails to relieve, but actually aggravates, and I have gradually come to look on such a fact as a presumptive proof that the case is complicated with some abnormal organic condition of the uterus, or else with procidentia, versions, or flexions.

Of Procidentia.

If a blind digital examination shows the uterus to have penetreted or protruded through the meatus externus, the cause of the failure is explained by the fact, that the uterus is so far below the supporting action of the brace, or of even the muscles themselves, as to be forced downward, much as a ligature around a bladder of water would force toward both extremities. Thus we see that until some temporary *boosting* support has elevated the uterus and bowels to the working axis of the muscles and the brace, either or both of the above must stop short of their end.

The Bifurcated Elevator.

In undertaking to elevate the uterus temporarily to the supporting axis of the brace, our attention is confined to two points, viz., 1st, the effectual accomplishment of the fact; 2d, the doing of it in the interest of the returning energy of the overtaxed and distended tissues of the vagina, perineum, and vulva; and, in obedience to the latter point, we are at once and forever repelled from the use of any pessary which owes all of its power to its distending action, and to its resting for a fulcrum upon parts which themselves need supporting. Accordingly, as the necessity was imminent, I have constructed—1st, what I denominate a *bifurcated uterine elevator*. It is mounted upon a small vertical shaft, which is capable of being elongated or shortened to suit. From the top of this bifurcate are two gold springs, on the top of each of which are fastened two quarter-segments of a circle, one of them adapted to support the vaginal cul-de-sac behind, and the other in front of the cervix, without touching the uterus, and leaving the cervix to depend between. At the protruding extremity of the shaft is placed an accommodation vulva-guard, to prevent undue internal pressure upon the cul-de-sac, and also to allow of defecation and micturition whilst the instrument is intact. This arrangement is retained in situ by means of a thin, curved, and flexible spring, which, at its upper end, is attached to the brace in front, and at its inferior extremity, to the shaft.

When duly connected and upon the lady, the combined action is as follows, to wit. The brace pushes forward the dorso-lumbar spine, poises the chest behind the spinal axis, and elevates the abdominal viscera, leaving the elevator to contend only with about two ounces of uterine weight. Next, the bifurcated balance is elevating the uterus without touching it, by a gentle and undulating pressure upon the cul-de-sac, thereby not only bringing the uterus within the supporting action of the external brace, but also resting the exhausted and elongated uterine ligaments, and favoring their recuperation, as temporary recumbency restores the energies of tired legs and a weak spine. Next, it has so elongated the vagina, by elevating its floating extremity, as to invite it to contract transversely around the vertical shaft, and thereby to provoke its tonic contraction, close its exhalents, and promise to reinstate a vigorous condition of those tissues.

And lastly, the perineum and vulva are left without one scruple of pressure upon them from within, either by sinking visceras or pessaries, but on the contrary, are actually *supported* from without by a hard and incorruptible substance, which neither heats nor absorbs, but acts as a stimulant and quickener to the contractility of texture.

Of the Oval Ring Elevator.

To the same end, I construct what I denominate the *oval ring elevator*, which differs from the bifurcated one by being mounted with an entire ring, instead of two open segments of a ring. It is made oval, in accommodation to the thin and wide form of the uterus, and its orifice is so ample as to allow the entire uterus to settle through it, without any friction. Under certain circumstances, it is less liable to irritate the cul-de-sac, because the pressure-surface is larger and more uniform than that of the bifurcated instrument, and, on the whole, it is my favorite elevator in procidentia. Being much smaller than the *ring pessary*, and crowded upward from an external and aggressive base, it is not at all liable to the objections urged against the latter instrument.

Of the Cup Elevator.

But notwithstanding, in ordinary cases, the bifurcated instrument, has been my favorite, in consequence of its leaving the os and cervix untouched, and may be worn with a highly irritable, ulcerated, or congested state of the uterus, and leaves it eligible to simultaneous treatment —there are conditions which more or less interfere with its free and continuous use, such as the following, viz., an ulcerated or inflamed condition of the superior vagina, and an irritable or congested state of the ovaries and Fallopian tubes. On several occasions, for the above reasons, I have been compelled to desist from the use of the bifurcated elevator, and resort to what I denominate the *cup elevator*. It is in all respects precisely like the bifurcated one, except in this, that at its superior extremity there is a *cup*, which receives the cervix, giving little or no pressure upon the os, but supports chiefly at the shoulders of the uterus.

I have now treated a large number of cases of procidentia by the brace, in combination with one of these forms of the elevator, without one single failure, and without the exercise of a large amount of ingenuity. Out of the whole number, I select the two following on account of their extreme character.

Case 1. Aged 62, of ten years' standing; said, "For years she dreaded to rise, as she was so 'inside-out' that her clothes stuck to her." This case was attended with the usual melancholy, "heat in top of the head," (nearly a pathognomonic in uterine displacements,) "dreadful sense of sinking at the pit of stomach," and urinary derangements, alternately between incontinence and retention, threatened paralysis of the legs, etc. An examination showed a tumor protruding between the thighs, fully the size of an infant's head. "Been so many years; remained so night and day." On making a little judicious effort, the tumor returned within the meatus, with a jerk.

To this lady the brace and elevator (combined) were applied. Shortly after, I was amused at her frequent sitting and standing, and at length, letting herself upon the sofa with a jolt, "to see if it was a *fact*, that she was really put together again." But a few days since this lady remarked, "It answers, and more than answers." "It supports me, bodily and morally, for my religious enjoyments were all clouded over, but have brightened again."

Case 2. A widow, at service in a five-story house in this city, had gradually, under hard service, been brought to her bed. After a treatment of some months, by every imaginable pessary, and the most active constitutional means, I was called, and found the following condition, viz. The most remarkable flabby and unresisting state of the vulva, perineum, and vagina, and the uterus, even during recumbency, pressing at the meatus. On her rising to her feet, but for one moment, the uterus, vagina, and bladder came through the vulva, inducing syncope. In this case every conceivable sympathetic concomitant of procidentia was present, such as great heat in crown of the head, dizziness, confusion of ideas, and treacherous memory; also that incontrolable despondency concerning all things, temporal and spiritual, which usually attends such cases; limbs were numb and tremulous on standing, feet were cold. Had misery in her "back," (placing her hand on her dorso-lumbar spine,) dispositon to urinate continuously, in connection with the ever-present *goneness* at the stomach and sides, with feeling as though she had a "flat-iron in the bottom of her stomach."

In this case the abdominal and spinal shoulder-brace was applied with comfort to the "broken back and all-gone stomach," but with no relief to the procidentia. Simply because the uterus and inferior small intestines occupied below the axis of the brace, and compelled the latter to cut much like a ligature around a bladder of water, *i. e.*, to press down upon the pelvic

contents, whilst it supported the superior abdominal organs. In this emergency, the elevator was attached to the brace in such a manner as to support the cul-de-sac, and carry the uterus to situ. Here the relaxation was so great, and the sympathetic concomitants had taken so deep a hold upon the patient's nervous and mental faculties, as not to result in the *sudden* relief which I have usually noticed in similar cases. But in a few days, the woman (who had obstinately predetermined the impossibility of any "betterment") found, in spite of herself, an improvement progressing. The sequel of the case was simply this, that within about one month after the application, the patient resumed the arduous duties of cook and chambermaid of the house, and has sustained the position up to this day.

These appliances, when accurately adjusted, are always readily removed and replaced by the patient, and worn without irritation, after use for a short time. On this point I close, with the important statement that, in quite a proportion of these cases, the continued use of the elevator in a few months becomes unnecessary, and in all of them the necessity has greatly diminished.

Anteversion of the Uterus.

This is the most common complication which an examination discovers, where external support has failed in the premises. A complication which I fear is not always discriminated by some physicians, if I may judge by cases of theirs which have come under my examination. The indications of simple anteversion, of course, are plain, viz., the uterine fundus is tipped forward, and the os correspondingly tilted back; the former often pressing upon the bladder, the latter upon the rectum. This may be either with or without any prolapsus. But in addition to the above obliquity, there is often so great a relaxation of the vagina, perineum, and vulva, and also so great a descent of the abdominal viscera, as to crush the anteverted uterus downward in such a way as to shove the bladder and vagina before it into or through the vulva. In this condition the vagina and bladder first meet the touch, and unless the finger is carried quite high, the uterus is not felt. This state is by very reputable physicians variously denominated prolapsus of the vagina, or prolapsus of the bladder, and this more particularly, because of the often annoying and even distressing derangement of the urinary functions. But in such cases I have seldom failed to find the uterus anteverted and closely wedged in between this mass of cellular tissue, bladder, and vagina below, and the heavily pressing viscera above, and I never fail to see all the attendant phenomena disappear on restoring the uterus to its normal axis and attitude. In this case, the most prominent and annoying of the appearances and symptoms are only *results*, and anteversion is the real derangement, unless we go still further behind, and say it is a case of intestinal dislocation from muscular laxity.

To meet this condition, I do not find either of the elevators exactly adapted, for whilst they correct the uterine prolapsus, they are not adapted to correct the version. To meet this defect I construct what I denominate a straight balance, which, like the elevators, consists of a small vertical shaft, with a T at its upper extremity. This, when introduced, passes directly behind the pubes, and between the uterus and bladder, carrying both these organs upward in its ascent, and compelling the fundus of the former to take its normal position. Thus, as by magic, without touching the uterus or bladder, is this complicated malady corrected, 1st, by correcting the trunkal relations, and 2d, by supporting the anterior vaginal cul-de-sac, and all from an external base. This arrangement, also, after once being judiciously adjusted, and the parts have had a little time for adaptation, is both perfectly comfortable, and quite manageable by the patient. For illustrations, I refer the reader to my first paper on uterine displacements, published in the June 16th, 1866, number of the Reporter.

Of Uterine Retroversion.

This is the third most common complication, where true abdominal and spinal support fails of success; and when it is fully established, seldom is it that external support can give more than general relief, by supporting the spine and the abdominal organs. For this, the reasons are obvious, as a simple digital examination will show. For instance, although the cervix will not always be found much *lower* in the pelvis than ordinarily, the fundus will be found to have swept backward in a circle, until it is as low and often lower, than the os, and lies usually with all of its weight, and that of the vircera, (which latter have wholly or partly caused the malposition) upon the rectum. In this horizontal, or up-and-down, and down-and-up condition, it is palpable, that however you may elevate the visceral weight from the uterus, that cannot restore the uterus to its proper axial bearings; for, in the premises, the uterus is much in the condition of a man who has fallen face up-

ard, on a side hill, with his feet or lighter part of himself, upward. In making the effort to raise his body, the feet will rise first and keep the body down, and if one should undertake to assist by lifting at the feet, and not at the head, then it will become still more impossible to rise than before. Thus then, if abdominal support should remove even the last grain of visceral weight from the retroverted uterus, (which it cannot always do,) it tends more to the elevation of the os, than of the fundus; as its *head* is down, and its *feet* up. Besides this, when the uterus is not only retroverted, but deeply prolapsed, quite frequently so large a portion of the bowels will have settled *below* the medial pelvic plane, as to be more forcibly crowded upon the uterus, than before the application of support. But in this case, with the trunkal relations properly corrected by the brace, it requires but the merest nominal vertical internal force, to turn the scales from that of *down*, to *up*. Thus then, the necessity for support, in the case and the reasons of its failure, and the indications for some pelvic make-weight, in the interest of the ascendants, are clear. What then shall be done? The trunkal bearings have been corrected by the external brace, the pelvic organs are largely freed from superincumbant burdens; the uterine ligaments and the vaginal and other pelvic tissues, have consequently to contend only with the two ounces of uterus; and we have seen, that to simply elevate the uterus bodily, in its horizontal state, does not meet the indications, and that the fundus uteri must be made, first to again sweep the same circle in the ascendant, that it did in the descendant, and be made to permanently balance above the os.

How to Reposit the Retroverted Uterus.

Position. In moderate cases where there is no adhesion, I find it quite convenient to place the patient upon either side, (inclining toward the face,) with the thighs, especially the upper one, thoroughly flexed upon the body. This will enable the fingers to reach higher, and to traverse the pelvis much more fully. For the patient to incline considerably toward the face, I have found to be important, as it sensibly tends not only to remove the abdominal viscera from the uterus, but to liberate that organ, and favor the easy ascent of its fundus; also the higher exploration with the fingers, which, when long enough, are the best of all repositors. But if the uterus does not readily return to its normal axis, the patient should be placed upon her knees and face, that is, the hips should be elevated and the face depressed, as much as possible. The advantage of this position can never be fully appreciated, but by those who have experienced it. It is often sufficient to fully reposit the uterus, for, not only is the visceral weight and juxtaposition removed by gravity, but the vacuum formed by the momentary ascent of the viscera, exerts a powerful traction upon the uterus, especially if the meatus be well opened to secure atmospheric pressure. Indeed, so effective and satisfactory has this position proved, that nothing but the repugnance of the patient to so ungraceful a position, refrains me from imposing it in all vaginal examinations in these premises.

Of the Manipulation.

Having placed the patient, when the vulva will admit of it, I have ever found it expedient to introduce both the first and second finger, as that gives at least an additional length of one inch. In pressing the finger ends close to the rectum, they come in contact with the extreme fundus of the uterus, and the pressure is effectual, not only in *elevating* the uterus, but in *turning* it. If the uterus does not move readily, time should be taken, without increase of force, always avoiding any sudden und punching action, which have often aroused either inflammation or an irritable condition, which not only gives the patient trouble, but retards and jeopardises the consummation. I find that time, patience and a gentle, but firm and steady upward pressure have brought success. Sometimes, when pushing at the fundus is unsuccessful, by placing one finger before the cervix, whilst I lift with the other at the fundus, I have had the pleasure to have the uterus, suddenly, as it were, *leap* into position.

Of Difficulties from Organic Abnormities.

But there are frequent organic obstacles to a *ready* repositing of the retroverted uterus, which in the very nature of things, may for a time, defy the very best manipulation and require the full exercise of the highest prudence, as well as skill, to overcome, without superinducing temporary or permanent evils. First; the operation may be opposed at the threshold, by either a neuralgic, inflamed, or ulcerated condition of the vaginal cul-de-sac, which, from absolute painfulness, or the damaging action of pressure on the diseased point, render either manipulation or the permanent contact of any repositor impracticable. In this case, it is sometimes best to suspend *immediate* efforts at correcting the malposition, and turn attention to preparing the vagina (especially its cul) for the requisite handling. But it is important to remark just here, that as it not unfrequently happens that the diseased condition of the

vagina, is largely, or purely, the *result of the displacement*, the neuralgic or other diseased conditions may often disappear after judicious efforts to correct the irritating malposition, so various and damaging is an abnormal uterine position. On this account, I am in the habit of making a careful effort at a reposition, however discouraging the condition of the uterus or vagina may seem to be at first. I feel called upon to *emphasize* this latter point, inasmuch as great numbers of cases are kept hopelessly in the background for years, under the preliminary effort to remove the several diseased conditions of the uterine and pelvic tissues, which are caused and kept up, only by the malposition, and will disappear, so soon as their provocative is quieted. Nevertheless, a vigilant eye should be kept upon the effect of mechanical efforts, under such circumstances.

Of the Preliminary Treatment of an Irritable, Inflamed, or Ulcerated Cul-De-Sac,

It may not be proper for me to speak in detail, and I will only say, in general terms, that after giving attention to the constitution, I depend much more on sudden strong impressions on the vaginal sensibilities, by *blueing* (if not by blacking) the whole diseased surface, with stick nitrate of silver, and immediately following the application with the continuous contact of soothing and anodyne substances, of which, glycerine and tincture of arnica are my strong reliances. After such *decided* impressions, upon the tissues, by the caustic, I never repeat the same, until time has been given for the parts to fully recover, and show what has been the result. On this point, I respectfully submit, that it is not judicious to *repeat* caustic applications oftener than the tissues can return to their organic "statu-quo." Would it not seem, that when the applications out-run the reparative efforts of nature, we can have no certain criterion, as to the effect of the past application, and the indications for the future. Of the utility of astringents for the correction of a diseased condition of the vagina, I am unable to report satisfactorily, except as to a tonic corrugation of relaxed tissues; and I am satisfied, that much important time is often wasted in waiting on the efficacy of any simple astringent applications, before entering upon efforts to remove the irritating retroversion.

Second: A most common hindrance to progress, is a congested and sensitive condition of the uterus, (usually accompanied by enlargement,) which causes pain on attempting any force upon that organ, and here again, as in the case of a diseased vagina, both the congestion and the tenderness, in lieu of being primary, are often purely the *result* and not the cause of the malposition, just as swelling, inflammation and pain, result from luxation, and disappear, without treatment, on the removal of the luxation, according to the inexorable law of *primary position*. Consequently, I usually make prudent efforts at reposition, not only as a remedy for the direct effects of retroversion, but also of the congestion, tenderness, enlargement, and weight of the organ. In such a case, success will very much depend upon avoiding direct force upon the body of the uterus, and in applying it only between the extreme fundus and rectum. For in this way we obtain a greater *lever*, and a less pressing force upon the tender organ. But in this tender condition, not *much* force should be applied, and in case of no success (under evident mobility of the organ) such effort should be discontinued, and a gentle effort made from the uterine cavity. This is readily done by curving the extremity of a *Simpson's sound*, and introducing it into the uterus; then, after being certain that the sound has reached the fundus, turning the handle gently and cautiously, judging of the success of the movement upon the uterus, by keeping a finger inserted, and of the expediency of persevering, by the effect of the effort upon the patient; certain is it, that where there is much pain, and not a ready effect upon the uterus, it is best to desist at once, and do the next best thing. It is also certain, that it is not only useless, but *folly*, to be repeatedly repositing the uterus, by any means, where you are not prepared to *retain* it in situ. On this point, I am ashamed to confess, that some medical men, for months, make their daily visits, to "put the uterus in place," with as much solemnity as though, after a given number of efforts, a radical cure would be the result. If this were done *non-fee-wise*, there would be some mitigation. The fact is, that it would be just as reasonable to attempt teaching a pear to stand upon its point, by setting it up once an hour. But, if it is necessary, and is deemed *expedient* to use the sound frequently, and with considerable force, in order to reposit the uterus, there should be screwed upon the sound's point, as large a *ball* as can be readily introduced through the cervix (and it is surprising to notice the extent the cervix will relax, under frequent gentle extension) for without this expedient, are often superinduced, profuse menstruation, flooding, and inflammation, owing to the severity of pressure, by the small point of the sound. Finally, on this point, uterine hypertrophy and adhesions to surrounding parts, is a very common obstacle to repositing a retroverted uterus. Where this is evident, I have found it both irri-

tating and useless to persist in attempts at a sudden reposition of the organ, and content myself with a gradual wedging and elevating process, not attempting immediate success; but it is gratifying to see how much relief is frequently experienced from urgent symptoms, on effecting even the *slightest* elevation of the organ. It is encouraging also, to observe what a lengthening of the adhesive bands, a skilful and steady upward pressure will ultimately produce.

Of Retaining the Reposited Uterus in Situ.

The uterus once reposited, or partially so, the work is only just commenced, as the organ must for a time be *coerced*, to remain so until the uterine *guys* shall be restored to an *equal* and *balancing* action upon the uterus; and it should be here remarked, that versions are not always so much the result of a want of *strength*, as from an unequal and *unbalanced* strength of its ligaments.

How Shall we Accomplish this Desideratum?

Surely not by pessaries of any kind, as here it is not an elevation but a *balancing* of the organ, that is required. But on examining the pelvis with the *brains*, as well as with the fingers, after the uterus has been well reposited, the true indications in the premises will be obvious, inasmuch as the fingers will pass immediately behind the uterus, usually to its fundus, and it will also be noticed that the fingers not only shove the fundus forward into the centre of the pelvis, but also, by pressure on the *cul-de-sac*, will so tense the cervix portion of the vagina as to draw the os back, and behind the fundus. It will also be observed, that under such circumstances, the uterus is perfectly immovable. Here then is the full indication, viz., to crowd up and support the vaginal *cul-de-sac* by a slender vertical arrangement, which is supported from an external base, which shall, in the meantime, elongate and circularly contract the vagina, and rest the perineum and vulva; in a word, so act as to at once remove the immediate malady, and reinstate all relaxed tissues concerned. This I accomplish, first by the abdominal and spinal shoulder-brace as a trunkal adjuster, and next, by the curved spinal balance.

But as this part of my subject has been treated before, the reader is referred to the June 16th number of the Reporter, for this balance, etc. It is only proper to add here, that since that paper was written, these principles have been practically carried out in a large number of cases; in several instances under the immediate eye, or by the *hand* of other practitioners with exulting success; and also, that since then, quite a number of the cases previously treated, have reported themselves, to be not only benefitted, but to be so *radically cured*, as to find it unnecessary to wear the balance.

CASE of ANEURISM OF ARCH of AORTA.

By James B. Burnet, M. D.,

House Physician, Bellevue Hospital, New York City.

Lawrence Fleming, 37 years of age, a native of Ireland and a laborer, was brought into ward 14 of Bellevue Hospital, on June 13th, 1866. From him was obtained the following history: Mother died of Asthma, and father of some unknown complaint. There is no hereditary predisposition to disease in the family. He formerly was in the habit of drinking a good deal, but was never prone to go to any very great excesses in his alcoholic potations. He always was a perfectly strong and well man up to nearly two years ago, when a heavy bale of cotton fell from a height upon his back, knocking him violently to the ground, from the effects of which he was obliged to stay at home in bed for three days with a severe pain in his right breast. Soon, however, he recovered perfectly from this, and remained in good health, working as usual, for about nine months, when he began to suffer from considerable dyspnœa, a sharp cutting pain in the right mammary region, extending through to the back, and a very harsh hard cough. His sputa were very offensive. At this time a small pulsating tumor made its appearance at the upper portion of the right mammary region, excessively tender to the touch, and the seat of an intense pain. This increased very slowly, the dyspnœa and the pain also slowly increasing, until the twelfth of June, when suddenly, in the night, as he rose from his bed to close the window, the tumor "blew right out" to use his own expression, and increased to an enormous size. Up to this period he had continued at his regular work, although much troubled with the shortness of breath. He immediately went to a Dispensary, and was directed to Bellevue Hospital.

Present Condition. When admitted, he presented the appearance of a well-built stout and muscular man, but his face had a puffed-up, bloated appearance. His eyes especially were very full, the vessels were congested, but the eyesight was perfect, and equally good on both sides. For somewhat over a year he has been a little deaf. There appears now, however, to be no difference in the two ears, as to the power of

hearing. On the right side occupying the infra-clavicular and part of the mammary regions, a large bulging tumor was to be seen, in which could be detected both pulsation and dilatation, but no bruit could be discovered. Percussion over the tumor gave dulness, and the integument over it was becoming discolored and assuming somewhat of a livid hue. This was much more marked later on, however. By firm pressure its size could be somewhat diminished. It was extending with considerable rapidity toward the right. No thrill was perceptible over the tumor. The right lung gave dullness on percussion at the apex anteriorly, with no perceptible respiratory murmur, and posteriorly dulness over the whole lung, together with bronchial breathing, mucous and sub-crepitant rales. The left lung is healthy, both as regards auscultation and percussion, except near the apex of the heart, where slight bronchial breathing is to be heard, and slight dulness on percussion is found. No cardiac murmur can be heard, but the impulse is very forcible, and from the position of the apex beat, there seems to be some hypertrophy of this organ. Liver normal in size. Nothing abnormal about the abdomen. Bowels are costive. Urine is passed regularly, and is healthy, having been examined both chemically and microscopically. There is no particularly unpleasant odor about his breath. Pulses are the same and weak.

The dyspnœa and pain went on increasing, and the tumor had attained an enormous size up to July 11th, when the right arm had become enormously œdematous, all pulsation had ceased in its arteries, and the surface was of a clammy coldness. The patient dozed most of the time. Breathing was performed with the utmost difficulty, and his face presented the appearance of a strangling man with eyes starting from their sockets. He passed into a state of coma and died the next day.

A *post mortem* examination was made eighteen hours after the prtient's death, during my temporary absence from the Hospital, and the following description I obtained from the curator's report.

"*External appearances of the body.* Rigor mortis not well marked. Face, and neck, and right arm œdematous.

"*Post mortem appearances. Thorax*—considerable serum in pleural and pericardial cavities. *Aneurism* commencing at origin of ascending aorta, extending up to but not involving the innominate; pushing its way forward and outward, completely absorbing the third and fourth ribs, for about four inches, the short ragged edges of the ribs projecting into the tumor. The origin of this tumor was within the pericardial sac, which was carried up over the tumor for about two inches. The innominate artery was carried nearly five inches to the left of the right sterno-clavicular articulation. The circumference of the tumor within the chest was twenty inches. Circumference of the base outside was twenty-five inches. Heart scarcely any hypertrophied, healthy, pushed to the left by the aneurism. Calibre of the trachea not diminished, but pushed back and to the left. Right lung nearly wholly solidified; sank in water. Left lung healthy, with the exception of a small spot of solidification near apex of heart. Liver and kidneys fatty."

Remarks. The case had excited considerable interest, as several distinguished practitioners of New York city had visited the man, and some were inclined to the diagnosis of malignant disease of the mammary gland involving the lung, without committing themselves to this diagnosis, while others considered it a case of aneurism of the arch of the aorta. The majority were in favor of the latter diagnosis.

Hospital Reports.

Jefferson Medical College,
October 3, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Result of the Operation of Epithelioma, Performed September 22d.

Patrick G——, æt. 38. This patient was before the class, Saturday the 22d ult. The greater portion of his lower lip was removed on account of epithelioma of five years' standing. The union is complete, the parts adhered by the first intention. There is no deformity in the prolabium and there is a great deal of pliancy in the lip, notwithstanding that only ten days have elapsed since the operation.

The tumor was examined microscopically. All the characteristics of epithelioma were discovered, and a considerable quantity of pus was found in the bulky portion on the left side of the lip.

In cases of this kind, a recurrence of the disease is expected, sooner or later, either in the cicatrix, in the neighboring lymphatic ganglions, or in some internal organ. This case, however, is of as favorable a character as can be conceived. The long duration of the disease, the absence of complication in its neighborhood, and the excellence of the general health, are all favorable circumstances as to the danger of recurrence. Whether it will remain absent, is a question which time alone can determine. There is now and then an instance of permanent cure.

Epithelioma of Both Lips.

Samuel McK——, æt. 50. He has had an affection of the lower lip for two years. An operation was performed eleven months ago, the disease returning six weeks after. The upper lip became involved last spring. There is now not only a very large tumor involving the lower lip and chin, located more upon the right side than on the left, but also disease of a similar kind affecting the corresponding portion of the upper lip. He has lost control over both lips. The growth on the upper lip feels a little soft, probably there is some fluid in it. The tumor on the lower lip is hard, and the surface feels rough. The pain is of a stinging character, shooting through the part with lightning-like rapidity.

He has lost a little flesh and has become weak. His appetite is good and bowels regular. His sleep is very much disturbed by the pain, which is worse at night and in damp weather.

He was in the habit of smoking a clay pipe, with a short stem. The conclusion that the contact of this heated pipe-stem was the cause of this affection, must be accepted with great caution. There are millions of men in the world who smoke who never have cancer of the lip. The cause is hidden. Conjectures may be indulged in, but it is not possible to attain to certainty.

The disease here present is epithelioma. It has made great progress. The lower lip is involved almost its entire extent. There is only a little portion on the left side not implicated. The disease also invades the chin, the lymphatic ganglion under the chin, and extends to the upper lip.

Interference here with the knife is out of the question, as an enormous quantity of both lips would have to be removed. If the knife be not proper, escharotics are not. The case, therefore, must be treated upon general principles, the general health must be maintained as near as possible to its natural standard, and the pain relieved by anodynes.

Mammary Cancer.

Mrs. M——. About the middle of May, last, Professor Gross removed the left mammary gland of this woman, on account of carcinoma of that organ, of about one year's duration. The axillary lymphatic ganglions were also extirpated.

She fell out of a car eight weeks ago, striking the left breast. She has had pain there ever since, and there is now a small tumor above the lower anterior extremity of the former incision and another close by. This return of the disease is one of the usual occurences after an operation.

Mrs. M's. health, since the operation, has been excellent.

She was placed under the influence of chloroform and the small tumors removed.

Action of Iodide of Potassium Increased by Ammonia.

It is said that the action of iodide of potassium is increased and rendered more valuable when combined with ammonia, stimulating the stomach, diffusing the blood, and with it the medicine through the system, and by chemical decomposition, liberating the free iodine, and thus yielding it on its salutary message.

Editorial Department.

Periscope.

Inversion of Uterus after Delivery.

At the late annual session of the Dublin Obstetrical Society, as published in the *Dublin Quarterly*, Dr. Denham reported a case, with remarks, of inversion of the uterus after delivery. Out of one hundred thousand deliveries that took place in the Dublin Lying-in Hospital, since its foundation, there was only one instance of acute inversion of the uterus. In that case a woman, nineteen years of age, thin and delicate, was delivered of her first child after an easy labor of six hours. Some slight pressure having been used by the attendant, the uterus was found suddenly to recede from the grasp, and was immediately expelled from the vagina, an inverted mass, with the placenta still attached to it. The patient became pallid, almost pulseless, and exceedingly anxious, complaining of considerable pain, and a sense of sinking. The placenta was easily separated without hæmorrhage, and the uterus returned with but little difficulty in about seven minutes. No bad symptoms followed, and she was discharged in a short time, quite well.

There are cases on record where successful attempts have been made to reduce the inverted uterus, after days, weeks, and years had elapsed.

Dr. Tyler Smith replaced a partially inverted uterus of nearly eleven years' standing, by gradual manipulation from day to day. Mr. Teale succeeded by similar means in a case of two and a half years' standing. Dr. Sims, in his *Clinical Notes on Uterine Surgery*, relates two cases of chronic inversion—one of nine months' standing, in which the inversion could not be reduced, and the organ was finally removed by the écraseur; and in the other, of twelve months' standing, he succeeded, almost immediately, by compression with the hand.

Dr. Denham's case is in substance as follows: Jane Savage, aged 23, on admission to hospital states that she was delivered of her first child five weeks before. Membranes ruptured, and waters kept dribbling away for two days before labor set in; on third day a red discharge and labor pains came on in the evening. Weak and faint during the night, and delivered at seven o'clock the following morning, with only three or four expulsive pains. The placenta was forcibly extracted by the midwife in about ten minutes after the birth of the child, both by traction on the cord and pressure on the fundus of the uterus. While the midwife made this traction, and pressed strongly upon the belly at the same time, the patient suffered severe pain, but suddenly got relief by the expulsion of a large tumor. The placenta which was partially detached, was now entirely separated, and the uterus thrust into the vagina. The poor patient remained weak and exhausted all day, passing from one attack of syncope into another, until four o'clock, when she was seen by the Dispensary Doctor, who, unfortunately, only felt the pulse and looked at the patient, but made no examination. She remained in bed for eleven

days, and then got up a little every day, until her admission; the doctor seen her twice, but never made a vaginal examination, in fact, he never diagnosed the nature of the case. During all this time she had a continual shedding, especially at night.

She came into hospital in a most pitiable condition—pale, weak, and exhausted. Generous diet, with liberal supply of wine, citrate of iron and quinine, were prescribed, with an anodyne at bed-time, and perfect rest in the horizontal position. In four days she had sufficiently improved to allow an attempt at reduction. Fully under the influence of chloroform, she was placed on her back, the thighs flexed upon the pelvis and the legs upon the thighs. The hand was then slowly introduced into the vagina, and the fundus and body of the inverted uterus firmly grasped with the fingers and thumb. Steady gentle pressure in this way was brought to bear on the entire tumor for several minutes before any attempt was made at reduction. The tumor gradually diminished, partly from the pressure, and partly from the loss of blood, which was very considerable. Pressing steadily upward, the uterus was now felt gradually to yield, and in a short time the fundus alone remained unreduced; no amount of force, however, compatible with the safety of the organ, could complete the operation, and, the patient being faint from the loss of blood, a further attempt at reduction was suspended. The vagina was syringed out with cold water, the patient was replaced in bed, and a full anodyne administered. On the following day she had rapid pulse, pain and tenderness over the uterus. Opium, with small doses of mercury were freely administered, and linseed poultices were kept over the abdomen.

The symptoms gradually subsided, and, on making a vaginal examination on the third morning after the operation, it was found that the fundus had spontaneously returned, either by its own elasticity, or the contraction of its muscular fibres. For many days there was a profuse purulent discharge from the uterus, but the patient steadily improved in appearance and health, and was able to get up for a few hours every day at the end of a fortnight. On examining with the speculum, about a week after the reduction, the os uteri was found ragged and inflamed, but the sound passed up readily into the cavity of the uterus, without causing much pain or uneasiness. She was discharged from hospital in perfect health, having menstruated regularly a few days before leaving.

A Successful Case of Ligation of the External Iliac Artery.

By means of silver wire, is reported by Dr. Mastin, of Mobile, in the *New Orleans Med. and Surg. Jour.*

The patient a colored man, 53 years of age, was suffering from inguinal aneurism, which dated back about 10 years. The main point of interest in the case, is that the artery was ligated by silver wire, secured by a double knot, the ends of which were cut close to the knot, bent down and returned into the cellular sheath, to become encysted. Dr. Mastin is not aware that this mode has ever before been successful. The patient walked about perfectly well; the limb natural in appearance, five weeks after the operation.

Nitrate of Potash in the Cure of Intermittent Fever.

In the *St. Louis Med. and Surg. Journal*, Amos Sawyer, M. D., of Hillsboro,' Illinois, publishes the following formula.

℞. Potassæ nitrat., gr. x.
Spr. vini gallici, vel aquæ, f.℥ss. M.
Take immediately.

He says:—The above prescription I have used with great success in the cure of intermittent fever, even where quinine has failed. In my opinion no preparation is equal to it; for it possesses antiperiodic properties completely, and may be administered when the stomach would not tolerate quinine. I deem it a specific in ague; for I have never failed to arrest the paroxysm, if uncomplicated. You will also find that the patients are less liable to relapse than in those cases cured by quinine. In the cold stage, if administered in a full dose, and the patient be placed in bed and covered with blankets, he will in a few minutes experience considerable heat, which will be followed by copious perspiration, and every unpleasant feeling will vanish. It is seldom the patient will experience a second attack. Where it is more agreeable to the patient, the powder may be placed on the tongue and permitted slowly to dissolve.

I shall not attempt to explain the action of this medicine on the system in the cure of ague, but will leave that to older heads than mine to determine; still, we do know that after it is taken into the stomach and becomes absorbed, it has the chemical effect of changing the dark-colored venous blood, to arterial, or at least it changes its color. It also acts on the kidneys as a stimulant, producing diuresis as well as diaphoresis; and in this manner may rid the system of the poison that causes the ague; provided that poison is produced "by the retention of materials destined for excretion." This medicine more closely resembles nature's mode of curing this same disease than any other; as she cures by copious diaphoresis as well as diuresis, or in other words, by elimination.

Deficiency of Corpus Callosum.

Dr. J. Langdown H. Down, at a recent meeting of the Royal Medical and Chirurgical Society, related an instance of extensive deficiency in the great commissural connection of the hemispheres of the brain, associated with marked imperfection of the intellectual faculties, similar to the case recorded by the author in Vol. xliv of the *Transactions*, for 1861. The rarity of the abnormality was indicated by the fact that this was only the second time the author had met with it in the dissection of 150 brains of idiots.

Dr. Sankey remarked that the case illustrated the facility with which causes were attributed. The mental defect in this case had been put down to masturbation, when it really depended on congenital malformation.

The Hyposulphites in Diphtheria.

The *Dublin Quarterly Journal of Medical Science* publishes a short paper, read before the Medical Society of the College of Ireland by Dr. HAYDEN, in which he gives the results of treatment of eight cases of diphtheria. In seven cases the hyposulphite was the main remedial agent used; these cases recovered. Death occurred only in the one instance, where the hyposulphite was not given, the patient being seventy years of age, and the case being complicated with congestion of the lungs. Some of the seven cases which recovered were of the milder form, but at least three were sufficiently serious to warrant an unfavorable prognosis.

Dr. H. does not assert that in the hyposulphites we have got an agent capable of neutralizing, or decomposing the toxæmic principle of diphtheria, but thinks that, of their curative properties in this disease, there is sufficient evidence to warrant a more extended trial.

Bromide of Potassium in Sleeplessness consequent upon Uterine Irritation.

It is better always to try this agent before resorting to narcotics in the wakefulness which is often associated with diseases of the uterus or its appendages. Indeed, in some instances it will succeed in inducing rest where the others fail, and beside, the liability of these to disturb the digestive organs, is sometimes a serious objection to their administration. Without detailing cases, I would simply state that I have recently found remarkable benefit in the condition mentioned, from the bromide of potassium—the dose should hardly be less than ten grains, and may be twenty or more.—*Chicago Medical Journal.*

Fracture of the Lens of one Eye, and of the Anterior Capsules of both Eyes, from Death by Violent Hanging

is the title of a paper by Dr. EZRA DYER, of this city, published in the *New York Medical Journal*, in which he relates some experiments made upon animals, in order to ascertain the effect of death by violent hanging upon the interior structure of the eye, a subject to which his attention had been called by the post mortem examination of the murderer PROBST, in whom the lens of one eye, and the anterior capsules of both eyes were found fractured. The experiments were made with every precaution and great care. The following is Dr. DYER'S *resumé:*

"One man and three dogs were violently hanged. The man and two of the dogs, *i. e.*, three out of four subjects, showed this peculiar lesion. The man and dog No. 1, died without struggle. In both the fracture extended through half the lens of one side, and across the capsule of the other. Not on the opposite side of the greatest lesion in both cases. Dog No. 3 died with convulsions, which lasted a short time. Lesion found in one eye well marked, the other eye normal. Dog No. 2 died with prolonged convulsions; no lesion could be observed. We do not find this result in death from natural causes. Is it connected with the sudden concussion and shock to the nervous system?"

Reviews and Book Notices.

Manual of Materia Medica and Therapeutics. Being an abridgment of the late Dr. PEREIRA'S Elements of Materia Medica, arranged in conformity with the British Pharmacopœia, and adapted to the use of Medical Practitioners, Chemists and Druggists, Medical and Pharmaceutical Students, etc., by FREDERICK JOHN FARRE, Cantab., F. L. S., London, Editor of the British Pharmacopœia, etc., etc.; assisted by ROBERT BENTLEY, M. R. C. S., F. L. S., Professor of Botany in King's College, etc., etc.; and by ROBERT WARINGTON, F. R. S., F. C. S., Vice-President of the Chemical Society, etc., etc. Edited, with numerous references to the U. S. Pharmacopœia, and many other additions, by HORATIO C. WOOD, Jr., M. D., Professor of Botany, University of Pennsylvania, etc., etc. With two hundred and thirty-six Wood Engravings. Philadelphia: HENRY C. LEA. 1866. 8vo., pp. 1030. *Price*, cloth $7, sheep $8.

It is seldom that a book tells so much of its nature and contents upon its title page as this, leaving, in view of the reputation of its authors and editors, little to be done even in the way of criticism. We may best complete the account of its aim and general character by citing some of the words of its able American editor, in his preface:

"The English editors of this work have abridged and altered the original PEREIRA'S *Materia Medica* until it is scarcely the semblance of its former self, and bears the impress of their footsteps almost as deeply as those of their learned predecessors. As published by them, it is so narrowed in its scope as scarcely to serve the purpose of a general work on Materia Medica, and, indeed, claims only to be a manual for the use of British medical men. At the same time, they have labored upon it until, within its own limited field, it is without a peer. The duties of the American editor have been to adapt it to the wants and necessities of the American physician."

This task, as Dr. WOOD remarks, has been no sinecure. He has introduced over one hundred articles, some of them as important as Veratrum Viride, Wild Cherry Bark, Sago, Tapioca, Arrow-root, Glauber Salt, Ammonio-ferric Alum, etc. He has thus increased the original work by about one-third; with a large number also of original illustrations.

It only remains to say, that all the labor spent upon the volume has been well bestowed. Without at all disparaging the value of Dr. G. B. WOODS', or of STILLÉ'S Treatises, it may be said that the compact and beautifully printed volume is well worth having in the library of any one who is either practitioner, pharmacist, teacher, or student in its department.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, OCTOBER 20, 1866.

THE MOTT MEMORIAL LIBRARY.

What the late Professor Mütter did for Philadelphia, the widow of the late Professor Valentine Mott has done for New York. At an expense of more than $30,000, she has purchased, enlarged and fitted up, at No. 58 Madison Avenue, between 27th and 28th streets, a building, in which are deposited the medical library, and the surgical instruments of her late husband, the distinguished American Surgeon, Valentine Mott.

On Thursday evening, the 11th inst., the building was thrown open to the friends of the Institution, and it was formally dedicated with appropriate services.

The building is designed by Mrs. Mott for the twofold purpose of a monument to her husband, and an institution of free instruction to the medical students of the colleges of New York.

The room in which the exercises were held is a fine airy little room, extending the whole depth of the building, which has been extended twenty-one feet. A neat gallery has been added to the hall, with which it has a capacity for seating some 600 persons. The library of the late Dr. Mott, with the shelves prepared for donations, fills the walls of the room. Upon the platform are two fine casts of the bust of Dr. Mott, above which are scrolls bearing the words, "In Memoriam."

The following are the Trustees of the Mott Memorial Library: Hon. John T. Hoffman, Mayor; Hon. Matthew Brennan, Controller; Hon. John K. Hackett, Recorder; Hon. Henry Hilton, Hon. George Opdyke, Hon. Isaac Bell, Hon. Charles P. Kirkland, Rev. Dr. Houghton, A. T. Stewart, Esq.; Charles P. Leveret, Esq.; Philetus H. Holt, Esq.; A. B. Mott, M. D.; Austin Flint, M. D.; Isaac E. Taylor, M. D.; William H. Van Buren, M. D.; Edward Vanderpoel, M. D.; Mr. L. D. Mott.

Board of Officers—A. B. Mott, M. D., President; Charles P. Kirkland, Esq., Treasurer; Edward Vanderpoel, M. D., Secretary.

The inaugural ceremonies were presided over by Dr. Alexander B. Mott. The Rev. Dr. Houghton opened the exercises with prayer, after which the Rev. Dr. Chapin addressed the audience. He said that such was the greatness of the theme upon which he was called to speak, that he could not hope to do justice in the few remarks he was to make. The real orator was the library that surrounded him. No eloquence of lip would add to the eloquence of the life of Dr. Mott, and this monument is a monument not only of the splendid genius of Dr. Mott, but of the affection, the wisdom and the self-sacrifice of his widow.

This, however, was but the commencement of the institution. It remained for the people of New York to see to it, that the work thus nobly begun should not languish. He hoped that out of this occasion would go forth an influence for practical beneficence. That thousands of students would be enabled to resort to this library in years to come, to gain inspiration from the books of that great genius, whose memento it was, and of whose writing, industry and faithfulness, and nobleness of mind and soul, the very shelves were redolent.

Dr. Chapin was followed by Charles P. Kirkland, Esq., one of the trustees of the Institution. Mr. Kirkland alluded to this being the first and only institution of its kind in that city, and a great boon to the hundreds of rising medical students, who could not afford to own the books necessary to their studies. He praised the self-devotion, the good sense and wisdom of Mrs. Mott, in raising such a monument to her revered and beloved husband; a speaking, living monument, around which thousands would gather to cherish his memory and emulate his noble life.

Mr. Kirkland also closed with an appeal to the citizens of New York, to come forward and second the noble enterprize thus begun for the welfare of the medical profession and of the whole community.

Prof. Geo. T. Elliot was next introduced, and delivered a finely-written address, dwelling in eloquent terms upon the life, labors and character of Dr. Valentine Mott. The books which had been the companions of a memorable life, he regarded as the greatest gift which could be bestowed on the physicians of that city, on the students, who should turn with loving veneration the marked and well-worn leaves. They had outlived their great owner; they would outlive us, and go down the stream of time an argosy freighted with precious teaching.

The Rev. Dr. Chapin then read a letter from Dr. Samuel Henry Dixon, of Philadelphia, which expressed his regret at being unable to be present, and inclosed the following beautiful lines:

> "Happy the shade for whom such trophies rise!
> Pride of his order, to his country dear,
> Whom all the good, at home, abroad, revere.
> While the sad wife, with loving, tearful eyes

Bewails her mournful loss, she builds her fame
On lavish gifts with light of knowledge stored,
A precious and imperishable hoard,
Most apt memorial to his deathless name.

"High-priest of science and humanity!
Of skill unequaled in his noble art,
Of courage dauntless, yet of tender heart;
Not soon again the world his peer shall see,
Nor shall his lofty virtue be forgot!—
Teacher! Restorer, loved and honored Mott!"

No mausoleum that could be erected, would be so fitting and so lasting a monument to the memory of one of whom every American is justly proud, as this offering of affection and benevolence on the part of Mrs. Mott. Here is the foundation of an institution which is destined to bear the revered name of Mott for ages to come, and in all that time prove a blessing to generations of medical men, and through them to innumerable multitudes of the sick and afflicted. There is no estimating the amount of good that will result from such benefactions as these of Professor Mütter to the medical profession of Philadelphia, and of the widow of Professor Mott to that of New York. The institutions thus founded by them will be the nuclei of extensive libraries, and collections of instruments, pathological and other specimens, all calculated to advance the cause of medical science. These collections will also offer facilities for giving lectures on special subjects, which will be the means of adding greatly to the sum of medical knowledge.

We trust that the medical profession of Philadelphia and New York will foster these institutions, and that they will rapidly grow, and be able to command all the means necessary to carry out to the fullest extent, the intentions of their benevolent and considerate founders.

Notes and Comments.

Confusion in Book Publishing.

Our medical book publishers need to come to some sort of understanding in regard to the matter of republication of foreign works, as there seems just now to be so much competition as to create some confusion on the subject. For example: Harper & Brothers, of New York, announce as in press, Holmes' System of Surgery, which is also announced by Wm. Wood & Co., also of New York, as just issued in four volumes, price $40. Lippincott & Co., of this city, announce a Manual of Materia Medica and Therapeutics as in press, the same work having just been issued by H. C. Lea, also of this city, revised and edited by Prof. H. C. Wood. But Tanners' "Index of Diseases and their Treatment," seems to be the special favorite of the publishers, no less than three or four firms announcing the work as in press, viz., Baillière Bros., Chas. Scribner & Co., and Scribner, Welford, & Co., (same firm?) of New York, and H. C. Lea, of this city, (as we suppose,) under the title of "Tanner's Manual of Clinical Medicine."

If this competition will be the means of reducing the cost of these works, our profession will perhaps be benefited by it.

Correspondence.

DOMESTIC.

The "Open Lever," or "Horse-Shoe" Pessary.

Editor Medical and Surgical Reporter:

In your number of Sept. 29th, an article appeared from the pen of Dr. E. P. Banning, presenting some peculiar views respecting the importance of "pelvic bearings" in the treatment of uterine displacements. To strengthen his positions, he offers some criticisms upon the use of various pessaries, among others, on what have been termed the "horse-shoe," "double S," or "bow" pessaries.

As to me belongs the credit or discredit of introducing and recommending these instruments, under the names of the "open lever" and "closed lever" pessaries, I would therefore claim the privilege of protesting entirely against your correspondent's notions, as to their *modus operandi* and efficiency in the treatment of prolapsus, anteversion, and retroversion, or flexions of the uterus. My object, however, is not to defend these pessaries, or to explain their use; this I have fully done in a work on the "Diseases peculiar to Women," published six years ago; but I write to protest most seriously against the suggestion of your correspondent to place the "open lever," or "horse-shoe" pessary in the vagina, with the points directed *backward* toward the sacrum. This position of the instrument would be most dangerous, as the points would impinge against the posterior and superior parts of the vagina, and almost inevitably excite inflammation, ulceration, and perforation, thus involving the peritoneum, and probably with a fatal result, from local or diffused peritonitis.

The observations of Dr. Banning on these pessaries show that he has not resorted to the original description of their character and operation, but has ventured to trust to his own conceptions, or it may be, to those of his companions as to their proper employment.

After an experience of some thirty years with the various modifications of the lever pessaries, I find that there is an increasing confidence in the profession as to their efficiency in all the varieties of uterine displacement, when they are judiciously managed by prudent and scientific physicians, who have the good sense to study the true character of their operation, and to modify them to the peculiar circumstances of the case under treatment. The patient should wear them without being conscious of their presence. Thus all her distressing nervous complaints may be completely relieved without exciting leucorrhœa, inflammation, or ulceration, and without the assistance of any external cumbersome brace or supporter.

Hugh L. Hodge, M. D.

903 *Walnut st., Oct. 15th*, 1866.

"Spotted Fever."

Editor Medical and Surgical Reporter:

I was very much pleased, and greatly interested in an article in the last number of the Reporter, upon the subject of "Spotted Fever," written by Joseph Adolphus, M. D., of Hastings, Michigan; and must say that I think his ideas in regard to this so-called disease are very correct. I have had a good deal of experience in the treatment of what is termed spotted fever, and have frequently been thoroughly disgusted with the term as applied to the disease through the country generally; it is as Dr. Adolphus truly remarks, "unscientific and vague" to say the least of it. Now, there is not a doubt in my mind but what all of these cases termed spotted fever, come, and can be properly classed, under the head of typhoid or typhus fever. I have long been convinced, from close observation, that such is the fact. The spots spoken of so much are simply the result of sudden local congestions and interruptions of the circulation, frequently producing serious difficulty of some portions of the brain and spinal column; yet we often meet with the same kind of cases without the spots, showing plainly to me that it is not a distinct or new disease, but really a form of typhoid fever.

As regards the treatment, there can be no mistaking that. It must be of a supporting or sustaining character; and if antiphlogistic measures are adopted the patient will die. I agree with Dr. Adolphus, that in the early stage an emetic of ipecac. acts very well, indeed, but must be used early, and then followed by stimulants and tonics, in connection with a generous diet. The hydrochloric acid is a fine adjunct in this disease. With this kind of treatment I believe the greater portion of these cases will recover. A careful perusal of Dr. Adolphus' article upon this class of cases will be found highly interesting, and certainly very beneficial.

H. A. Spencer, M. D.

Erie, Pa., Oct. 12, 1866.

Respiration and Signs of Life in a Five Months Fœtus.

Editor Medical and Surgical Reporter:

Allow me to report through the pages of the "Reporter," a case of premature labor, which came under my care the 26th of August, 1866, and which resulted in the expulsion of a living fœtus at about five months gestation.

On the morning of that day I was requested by the husband of Mrs. B——, to visit his wife immediately, whom he supposed to be laboring under an acute attack of "cholera-morbus." On my arrival I found my patient to be a young woman of but sixteen, lately married, and in much pain and distress, throwing herself about in bed and screaming aloud. On examination, I found her pulse ninety per minute and regular, respirations normal, pupil slightly dilated, surface moist; evidently no case of cholera; yet she stated that she had a very severe diarrhœa, and severe pain in her stomach, that she thought she could not live. I soon found that the pains siezed her in regular paroxysms, and resembled labor pains, and were not in the stomach. I then informed her of my suspicion, and told her that it would be necessary to make a vaginal examination, to which she freely consented.

On examination I found the mouth of the uterus dilated to the size of a quarter dollar. On introducing my finger within the uterus, I found the membranes entire, and could easily feel the motions of the fœtus. The uterus was in the lower strait. I told her that she was *enciente*, and threatened with abortion, to which she expressed great surprise, and said that she did not know that she was pregnant. But why should she abort? After questioning her she stated that she fell upon the door-step the evening before, and that she had had pain ever since, passing some blood. I gave her anodynes, and such other treatment as was deemed necessary, to prevent a miscarriage; but as soon as she found that my treatment was intended to allay pain and intercept abortion, she refused to take the medicine. I asked her if she had told me the whole truth, if not, of course I could not treat her properly. She then told me that she had been taking Dr. ——'s "periodical drops" for two weeks, and that I should leave her alone until she had abor ted, then do for her what was necessary, and do

what could be done to save her life. Labor had proceeded so far, that its arrest was impossible, and after about one hour, she delivered herself of a living female fœtus, at about the fifth month of uterine gestation.

I was then again called, and found that there was some pulsation in the cord of the fœtus, but it ceased in a few minutes.

I separated the fœtus at once from the mother, wrapped it in flannel and laid it on a sofa, and turned my attention to the mother—did not think it worth my while to endeavor to save the life of so delicate a creature as it was. The placenta being removed, there was some considerable hemorrhage, but after giving the usual remedies it soon subsided, and in less than an hour the mother was safe and could be left alone. I again turned my attention to the fœtus, and to my surprise found it still alive, gasping for breath, making regular inspiratory movements. Pulsation could be both felt and seen in the thorax and fontanelles. The inspirations soon became much shorter, and at longer intervals.

Life continued for some time, even after I had carried it to my office, where it was also witnessed by my professional friends, Drs. Booth and Jenners. It gradually succumbed, after surviving its birth one hour and forty minutes. It measured about six inches in length.

J. Stolz, M. D.

Crestline, Ohio, Oct. 10th, 1866.

Treatment of Chorea.

Editor Medical and Surgical Reporter:

I will say to your correspondent, that I have had, two years ago, two cases of chorea. One a girl aged fourteen years; first I gave aloetic purges, followed with ferri sub. carb. and zinci sulph. every three or four hours, with friction to the spine. Cured in about ten days. She has remained well ever since. This was a severe case.

The other patient was a boy, aged ten years, with powerful convulsions, and opisthotonos, the body resting on the head and heels. Pupils dilated; required several persons to keep him on the bed.

First, gave an active purgative, then followed with quiniæ sulph. every two or three hours, say gr. ij., and ext. hyosciami gr. i., every four hours, until he became quiet; also irritation to the spine; recovered in two weeks; has been well up to the present time. In this case I endeavored to give chloroform, by inhalation, but the patient refused to use it. H. T. Baldy, M. D.

Toledo, Iowa, Oct. 9, 1866.

The Internal Use of Chloroform.

Editor Medical and Surgical Reporter:

Since reading the inquiries made by your correspondent from Providence, R. I., in regard to the probable irritant effects of large doses of chloroform, I ordered for a patient laboring under delirium tremens, after the usual opium treatment had been pushed as far as was prudent, drachm-doses every twenty minutes, in a glass of ice-water, until sleep was induced. The remedy had the desired effect after four doses were given. When informed that the chloroform had been given in its purity, I inquired of my patient if he had any soreness of the throat or stomach, and was assured that he felt perfectly well, except that he was weak. Also, some time since, I gave drachm-doses, in its purity, to a child, ten years old, with convulsions, from which it had been suffering for four hours, with the effect of relaxing the spasm after two doses had been given at intervals of ten minutes, without causing any irritation of the throat beyond a slight erythema. I may add that the child slept soundly, but naturally, for three or four hours, and awoke bright and playful.

S. Gustine Snowden, M. D.

Franklin, Pa., Oct. 11th, 1866.

News and Miscellany.

Ignorance of Quacks.

A short time ago, the attention of a gentleman who was crossing the Third Avenue, near Eighth street, New York, was attracted by a sign on which was printed, in staring white letters, more than a foot long, upon a red ground

INDIAN OPATHIST.

Somewhat accustomed to etymological investigation, he was yet quite puzzled by the latter word. What was an opathist? He, of course, at once suspected the presence of the Greek root *pathos*, from which spring all the *pathys;* but still that did not help him "a bit," as children say, to discover the meaning of the new word opathist. When well across the street, however, he discovered what before had been hidden from him—another sign, "E—— I——, Indian Doctor." Then the enigma was solved, more, however, by intuition than by reason. Mr. E—— I—— had heard of allopathy and homœopathy among the other "doctors," and even of hydropathy, although the man who invented that name would be puzzled to explain it. Doctors of medicine have their pathies, as well as doctors of divinity their doxies; and if other doctors had their pathies, why should not he have his? So to allopathy, and homœopathy, and hydropathy was added a new pathy—indianopathy. True, indian-

opathy does not mean anything, but what of that? Because allopathy means treatment on the principle of producing symptoms opposite to those of the disease, and homœopathy treatment on the principle of producing symptoms similar to those of the disease, must, therefore, indianopathy be held to imply any relation between Indians and the symptoms of disease, or to imply anything at all, except that Mr. E—— I—— was an Indian doctor, a very "big medicine" indeed? This is a free democratic country, and who should deny his right to a sounding name, and one quite in the fashion? As to the authority of academies and schools, the rules of etymology and the established meaning of words, what of them? Away with them if they stand in the way of a man's magnifying his office or himself. It *is* well, however, to know something of the principles of language if you undertake to make a word. In the present case, the word-maker had plainly heard some folk, who wished to be very elegant, talk of homœ-*o*pathy, and even perhaps of al-*lo*pathy, and not unreasonably supposing that the *op* belonged to the last element of the word, he, adhering to analogy in sound if not in sense, called his art and mystery indianopathy, and dubbed himself an Indian Opathist. He is not alone in his glory. An apothecary, last winter, advertised a nostrum that he had got up for colds and coughs, and which he had called most ridiculously "Coldine." He had noticed the termination *ine* in the names of many articles sold by chemists, apothecaries, and perfumers, and not knowing that it signified "having the quality of," as bromine from bromium, fluorine from fluor, amandine from almond or amande, infantine from infant, crystalline from crystal, he tacks *ine* to *cold*, and so makes an absurd monstrosity, which, if it means anything, means having the quality of cold—just what he did not mean, and which cannot be seen by any educated person without laughter. Of such ridicule they always run the risk who pretend to what they do not know, and undertake that for which they have no capacity.—"*Galaxy*."

Glorious War.

The Commissioners despatched to the lazarets and field hospitals by the Patriotic Help Association (Hilfsverein), of Vienna, has published an interesting report. They draw a pitiable picture of the condition of the peasantry in Northern Bohemia. For six months the country has been occupied by great armies. The peasant's food has been devoured, his field laid waste, his house burnt or torn down and laid in ruins. They declare that the dead were left unburied in many places, and that the poisoned air destroyed the living. Nearly all the amputations made by the Prussian military surgeons ended fatally, but no difference was made in the treatment of Austrian and Prussian wounded by the medical men. They found the condition of the hospitals, in all that related to nursing and medical attendance, "deplorable." The Commission started to Brünn on the 1st of August with fifteen wagon loads of medical comforts. In Wilkersdorf they found a Prussian company as a guard to a cholera hospital. The pestilence was so bad that in a short time 450 had died out of 700 patients, and the officer in command said, "I hope in Heaven that we shall soon leave this, for my sick will all be dead in a few days." At Pardubitz they found seven wounded Austrian officers, who were getting well in airy, well-shaded tents. At Königgrätz itself they found the hospitals overstocked, and short of what was needed. In one house were 115 wounded officers, and in another were 198 more. They needed splints, lint, bandages, medicine, lotions, as well as tobacco and wine. On the 9th the Commissioners visited Rosnitz, Westar, Sadowa, Nechanitz, and Hradek, and describe with horror and astonishment the condition of the country. The hands and feet of the dead were sticking out of the hasty graves. As to the hospitals in these places, the Commissioners declare all appliances and necessaries were deficient. The Prussian doctors deplored their want of success in amputations. Many of the wounded had been left forty-eight hours on the field without help, and were in the most unfavorable condition for treatment by the knife. On the 14th they visited Jaromierz, Skalitz, Nachod, etc., and all the hospitals up to Trautenau. In all cases their supplies were most welcome. The report affords a most terrible peep behind the scenes of a great battle—the *après*, when the conqueror has moved off with drums and trumpets, and banners flying in the setting sun, and night settles on the dying and the dead.—*British Medical Journal*.

On the Sources of the Fat of the Animal Body.

At the meeting of the British Association at Nottingham, Mr. J. B. Lawes and Dr. J. H. Gilbert read a paper on this subject. In 1842 Baron Liebig had concluded that the fat of Herbivori must be derived in great part from the carbo-hydrates of their food, but might also be produced from nitrogenous compounds. Dumas and Boussingault at first opposed this view; but subsequently the experiments of Dumas and Milne-Edwards with bees, of Persoz with geese, of Boussingualt with pigs and ducks, and of the authors with pigs, had been held to be quite confirmatory of Liebig's view, at any rate, as far as the carbo-hydrates were concerned. But at the Bath meeting of the British Association, in 1864, Dr. Hayden expressed doubt on this point, and at the Congress of Agricultural Chemists, held at Munich last year, Professor Voit, from the results of experiments with dogs fed on flesh, maintained that fat must have been produced from the nitrogenous constituents of the food, and that these were probably the chief, if not the only, source of the fat even of herbivora. Baron Liebig disputed this conclusion, and his son, Hermann von Liebig, had since sought to show its fallacy by reference to experiments with cows. The authors agreed with the conclusions of these latter authorities, but pointed out the inadequacy of the data relied upon by Hermann von Liebig. They showed that, owing to the much less proportion of alimentary organs and contents, the higher character of the food, the much larger amount of fat produced, both in relation to a given weight of animal, within a given time, and to the amount of food consumed, the much less proportion of the

solid matter of the food that passed off in the solid and liquid excretions, and finally, the larger proportion of fat in the increase, results obtained with pigs must be much more conclusive than those with either cows, oxen, or sheep. Numerous tables were exhibited, showing the results which had been obtained by the authors in experiments with pigs, from which the following conclusions were drawn: Certainly a large proportion of the fat of the herbivori fattened for human food must be derived from other substances than fat in the food. When fed on the most appropriate fattening food, much of the stored-up fat must be produced from the carbo-hydrates. The nitrogenous constituents may also serve as a source of fat, more especially in defect of a liberal supply of the non-nitrogenous ones.—*British Medical Journal.*

—— Gov. Fenton of New York has extended the extraordinary powers of the Metropolitan Board of Health of New York city to the first of December next.

—— The Berlin *Volks-Zeitung* says that at the lowest calculation, the victims of the late short and bloody war are reckoned at not less than 20,000 to 24,000 killed on the spot or since died from their wounds, to which may probably be added an equal number of both parties who have died from illness, chiefly the cholera. The proportion of wounded Austrians in the Prussian hospitals to wounded Prussians is stated to be about two to one, or about 13,000 Austrians to about 7,000 Prussians.

—— The Prussian military authorities cure itch by smearing the parts with a mixture of two parts of liquid storax, with one part of sweet oil. The cure is said to be complete in twenty-four hours.

—— Dr. John W. Buchanan has been appointed examining surgeon of the Pension Bureau at Great Falls.

Army and Navy News.

ARMY.

Promotions.—Brevet Colonel Jos. B. Brown, Surgeon, U. S. A., has been brevetted Brigadier-General, U. S. A., for services during the prevalence of cholera at Governor's Island.

Brevet Colonel J. J. Milham, Surgeon, U. S. A., has been breveted Brigadier-General, U. S. A., for meritorious and distinguished services at Hart's Island, N. Y. Harbor, where cholera prevailed.

Surgeon Warren Webster, U. S. A., has been brevetted Lieut.-Colonel, U. S. A., for services rendered during the prevalence of the cholera at Hart's and David's Islands.

Assistant Surgeon C. C. Byrne, U. S. A., to be Surgeon, vice Sutherland, promoted, to date July 28, 1866.

Surgeons Clinton Wagner, Joseph P. Wright, C. C. Gray, and W. C. Spencer, U. S. A., to be Surgeons, to fill original vacancies, to date July 28, 1866.

The order of the Acting Medical Director, Department of the East, of September 30, 1866, detailing Brevet Major M. J. Arch, Assistant Surgeon, U. S. A., to accompany a detachment of troops from New York City to California and return, has been confirmed.

Brevet Lieut.-Colonel H. S. Shell, Assistant-Surgeon, U. S. A., has been ordered to report, without delay, to the President of the Army Medical Examining Board, N. Y. City, for examination for promotion. On the completion of his examination he will report by letter to the Surgeon-General of the Army.

NAVY.

List of changes in the Medical Corps of the U. S. Navy, during the week ending October 13th, 1866.

Surgeon J. S. Kitchen, detached from temporary duty at Marine Rendezvous, Philadelphia, and placed on waiting orders.

Surgeon David Kindleberger ordered to the U. S. Ship Bienville.

Surgeon John T. Taylor ordered to duty at Naval Hospital, New York.

Surgeon B. F. Gibbs, detached from the U. S. Ship Sabine, and ordered to the U. S. Ship Ossipee.

Surgeon Job Corbin ordered to the U. S. Ship Sabine.

Past Assistant Surgeon D. McMurtrie, detached from the U. S. Ship Winnipee, and ordered to the Naval Academy.

Assistant Surgeon John McD. Rice ordered to the U. S. Ship Ossipee.

Assistant Surgeon William V. Marmion, detached from the U. S. Ship Bienville, and ordered to the U. S. Ship Monongahela.

Acting Assistant Surgeon Carlos W. Knight ordered to the U. S. Ship Bienville.

Acting Assistant Surgeon Edgar A. Dulin ordered to the U. S. Ship Saco.

Acting Assistant Surgeon George H. Butler, and Acting Assistant Surgeon R. F. Brooks, promoted to Acting Past Assistant Surgeons.

Dr. Jos. G. Ayres appointed an Assistant Surgeon from 8th October.

Assistant Surgeon George A. Bright, detached from the U. S. Ship Marblehead, and ordered to the Naval Academy.

MARRIED.

Bleecker—Barton.—In New York, on the 4th inst., at St. Mark's Church, by the Rev. Alexander H. Vinton, D. D., Edward Bleecker, M. D., and Ellen H., daughter of the late Lieut. C. C. Barton.

Chapman—Shove.—At Katonah, N. Y., Oct. 10, by the Rev. E. B. Otheman, J. Francis Chapman, of Pepperell, Mass., and Irene, daughter of Dr. Seth Shove, of Katonah.

Crandall—Parmelee.—At Freehold, N. J., October 11, 1866, by the Rev. D. S. Parmelee, T. Vaughn Crandall, M. D., of Newburgh, N. Y., and Mary Adelaide, eldest daughter of the officiating clergyman.

Dickson—Ensign.—In Philadelphia, on Tuesday, October 9, at the residence of Thomas Vernor, by the Rev. Dr. Hawes, Dr. James N. Dickson and Nellie C. Ensign, both of Sheffield, Mass.

Hunt—Reynolds.—In Springfield, Mass., on Wednesday, October 10, at the residence of the bride's father, by the Rev. R. G. Greene, John W. Hunt, M. D., of Jersey City, N. J., and N. Addie, youngest daughter of H. S. Reynolds, Esq.

Lewis—Noxon.—In Pittsburgh, Pa., on the 29th ult., by Rev. John Gillespie, D. W. Lewis, M. D., and Mrs. Carrie C. Noxon, daughter of the late John Cooper, M. D., of Poughkeepsie, N. Y.

McLane—Richards.—On the 9th inst., at the residence of Wolcott Richards, Esq., Boston, by the Rev. Dr. Thompson, Dr. James W. McLane, of New York, and Miss Adelaide L. Richards, of Roxbury.

Pfeiffer—Rowand.—On the 9th inst., by the Rev. S. C. Dare, assisted by Rev. E. V. Glover, Frederick P. Pfeiffer, M. D., of Philadelphia, and Mary E., daughter of Dr. Jos. F. Rowand, of Camden, N. J.

Warner—McKaye.—September 18, at the Legation of the United States, Berne, Switzerland, by the Rev. Samuel Longfellow, Lewis T. Warner, M. D., and Sarah L., daughter of James McKaye, Esq., all of New York.

Witman—Krause.—At the residence of the bride's father, near Norristown, Pa., October 11th, by the Rev. D. Gaus, D. D., Henry O. Witman, M. D., of Harrisburg, and Miss Fredericka Krause.

DIED.

Smethurst.—On the 8th inst., Emeline, wife of W. A. Smethurst, of this city, and daughter of the late Dr. John Millar, of Lancaster, Pa.

METEOROLOGY.

October,	1,	2,	3,	4,	5,	6,	7,
Wind.....	N. E. Cl'dy.	S. Clear.	N. W. Clear.	N. Clear. Frost.	N. W. Clear. Frost.	N. W. Clear. Frost.	W. Clear.
Weather.....							
Depth Rain.....							
Thermometer.							
Minimum.....	56°	58°	55°	37°	31°	35°	38°
At 8 A. M.....	67	60	65	48	42	48	53
At 12 M.....	69	73	66	56	51	58	66
At 3 P. M.....	71	74	65	56	54	60	68
Mean.....	65.75	66.25	62.75	49.25	44.50	50.25	56.25
Barometer.							
At 12 M.....	30.3	30.1	30.	30.3	30.7	29.6	30.4

Germantown, Pa. B. J. Leedom.